

IPP Technical Evaluation

US Partner:	University of Iowa (UI)
NIS Partner:	St. Petersburg Medical Academy of Postgraduate Studies (MAPS)
Location of Visit:	St. Petersburg, Russia
Date of Visit:	December 5-6, 1996
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A. Discuss the Strongest Aspects of the Technical/Professional Work Being Done By this Partnership.

A partnership was established between the St. Petersburg Medical Academy of Post-Graduate Study (MAPS) and its Family Medicine Center and the University of Iowa (UI) to work towards the Russian Minister of Health's mandate to establish Family Practice Programs and Clinics in Russia. The strongest aspects of the partnership's technical and professional work follow.

The active support of St. Petersburg's health authorities has been indicated by their serving as consultants in project plans, attendance at the Center's opening, and mention of the partnership project to the Russian Minister of Health. Recently, Administrators of the St. Petersburg Health Department named the Director of the Family Practice Department at MAPS and the Director of the Family Medicine Center to a city-wide Committee on Family Practice Medicine.

Early in the project, partners drafted a Memorandum of Understanding that detailed the responsibilities of each partner, equipment issues, and the establishment of the Center.

Once the numerous challenges facing the partners were overcome, the partners mobilized a comprehensive effort for establishing a family practice program. Included within this effort were (1) establishing a clinical practice center, (2) purchasing clinic and teaching equipment, (3) training faculty and clinic personnel, (4) preparing resource materials in Russian, and (5) developing communication networks.

Partnership activities have been based on needs assessments and much preparatory work. To ensure their consultation with Russian partners was appropriate, Partner staff from UI (1) conducted comprehensive studies into the status of Russia's family practice medicine curricula and the need for such curricula and (2) conducted on-site visits to observe the clinical activities of family practice students and residents in Russia.

UI's intensive efforts to make this partnership work are very evident. UI partner staff (1) developed and coordinated a partnership team on the UI campus, (2) conducted orientation sessions for all UI partnership participants, (3) conducted orientation and re-entry sessions for Russian trainee participants, (4) translated, in a pro-active manner, support materials, and (5) initiated an on-going analysis of the "project's intercultural dynamics" to enhance the success of the partnership.

UI developed and implemented an intensive family practice training program for the Russian physicians who are staffing the Family Practice Center. The six month course covered clinical, business and management components of family practice programs.

Early in the relationship, partner participants met colleagues within their area of specialty therefore, every effort was made to use collegueship as a basis for short and long-term relationship building.

UI constantly responded to needs arising in the partnership activities. To illustrate, the newly appointed Director of the Family Practice Department, MAPS, was given a short-term rotation to UI to learn the principles of Family Practice Medicine and to participate in the learning experiences provided for the trainees who later would return to the Family Practice Department as faculty/clinical instructors in family practice.

Evaluation of the partnership, its activities, and its participants has been an ongoing, essential part of UI's activities. These evaluations including pre and post-tests will provide essential data for future partnerships.

The pioneering attitudes and persistence of MAPS Administrators and Family Medicine Center staff in setting up the Center have made it a reality. The Center is a private patient treatment facility that is partially dependent on City financing and affiliated with MAPS which is financed by the federal budget. Since Fall 1996 the Center staff have reached agreement with (1) the City Government and the regional polyclinic to serve as the primary provider for the 5000 residents located adjacent to the Center, (2) Asko-Med Insurance Company on financial compensation for services rendered at the Center, and (3) MAPS to pay for the upkeep of facilities, electricity, and some advertising for the Center.

Now the communication between partners is frequent and on-going, facilitated by workable e-mail, fax, and telephone capabilities.

The partners have obviously learned much about the "business of partnering" between countries. Their lessons serve as a valuable model to other cross-country institutions initiating partnerships.

Russian partners express their satisfaction with the collegial relationships developed between partners. Comments such as "We trust them completely," "The partnership was good for both of us," "We achieved even more than we expected," "We would like our partnership to go deeper," were common during the evaluator's meetings with leaders of the Russian partnership.

Discuss the Weakest Aspects of the Technical/Professional Work Being Done By this Partnership.

Complicated by the differences in cultures, time, and orientation to change, several weaknesses emerged in the partnership. The weakest aspects of the technical/professional work are illustrated.

The Memorandum of Understanding created by the partners could have addressed issues that later plagued the partnership and its products, i.e., financial control and disbursement and roles and responsibilities of partnership participants.

Initially, Russian partners were unclear about the money available to MAPS and the Center from the partnership grant. Overall, MAPS and the Center should have had more authority on the receiving and disbursement of grant funds.

Management of the Center should have been given to a management expert rather than to the physician trainees who would better serve the clinical side of the Center as expert faculty in the areas of teaching methods and family practice medicine. Now, the Center is being managed by a team of three inexperienced physician administrators (trainees at UI who received excellent theoretical orientation to clinic administration, but who have no experience in such a venture) whose primary professional interests are the practice of medicine, not the administration of a Center. The three inter-related roles of these physicians at the Center, i.e., clinic administration, patient care, and teaching of family practice residents and retraining physicians, during the Center's startup period makes for a disastrous situation and threatens the Center's viability.

The individual designated as Center Director is very committed to his work of making the Center sustainable and he is a visionary who could make the Center a model for Russia. In spite of his abilities and enthusiasm, the Center will fail unless he has (1) strong administrative assistance from support staff who have expertise in specific areas of marketing, business management, etc. (2) more hands-on assistance from Administrators of the MAPS, Family Practice Department in the areas of Center financing, placement of faculty in practice rotations at the Center, and the Center's relationships with MAPS, General Practice Department and other city and national organizations, and (3) immediate on-site, short-term (3-6 months) consultation from an expatriate expert in clinic management. During the evaluator's visit the Director was confronted with numerous administrative issues, each requiring much time and expertise, i.e., contractual arrangements with insurance companies, marketing of clinic services to draw in more self-paying patients, scheduling of family practice faculty to provide patient services at the Center, cooperative arrangements with diagnostic laboratories in St. Petersburg, and marketing interviews with local media. In addition to his administrative duties, he is consulting with patients four, half-days each week.

Center start up would have been vastly facilitated with the on-site support (3 - 6 months) from UI consultants in clinic management and administration.

Uncertain financing from MAPS, the partnership grant, insurance companies and governmental authorities has the Center on "unsure footing" during this startup period.

Continuing dissension among the trainees (physicians who trained at UI) plagues the activities of the Center and the relationship between the General Practice and Family Practice Departments of MAPS. The three trainees who actively lead out and work in the Center are members of the Family Practice Department. The two other trainees, both members of the General Practice Department, speak very negatively about their philosophical differences with the Center, their reluctance to work with the Center even though they have been mandated by MAPS Administration to work in the Center, and their desire to pursue other professional routes, i.e., one trainee, President of a small organization of independent clinics, wants to develop an independent clinic in St. Petersburg and the other trainee wants to return to the US. for a residency. On two occasions during the evaluation visit, an administrator in the Russian partnership who is also the father of the trainee wanting to return to the US for a residency elaborated at length that his daughter had been promised a long-term residency at UI and now was not allowed to participate in that residency. His negative remarks against UI and the US Government only complicate the situation.

It is unclear how MAPS will blend or work with two seemingly competing curricula within its institution, the newly developed Family Practice Curriculum and the long-standing General Practice Curriculum. Already, difficulties are arising with the placement of clinical faculty at the Center from the General Practice Department as indicated above. In retrospect, the potential difficulties may have been eliminated if clarification between the partners occurred on (1) the placement of the family practice curriculum, either in the existing General Practice Department or in a new Family Practice Department, (2) the roles and relationships of the two departments after MAPS Administrators decided to create a Family Practice Department, and (3) the potential conflict of interest that could occur with multiple family members involved in partnership activities.

Trainees were not asked to sign written contractual arrangements detailing their short and long-term roles and obligations to the partner project, the Center, or to MAPS. For example, mid-way through the traineeship, the individual now assuming directorship of the Center was informed he would be the Center's Director. He states he was very uncomfortable with the announcement and he asked UI faculty not to give him a different designation from the rest. He was assured, however, that both partners wanted him to be the Director. Then, he willingly accepted the idea that he would be director. This experience, however, may have influenced the attitudes of other team members. Now, as indicated in the preceding two paragraphs, the Center's ability to function with only three physicians who actively support the Center may threaten its viability.

The sustainability of the partnership program would have been further strengthened if more individuals from MAPS and the health care administration of St. Petersburg had been exposed to the new ideas presented by UI. Now, the implementation and continuation of the partnership's initiatives is entirely dependent on the few individuals who were purposely involved in the partner activities: the five physicians and the Director of the Family Practice Department at MAPS who participated in the traineeship at the UI, and several select administrative officials at MAPS who led out in the Russian partner project.

While the enthusiasm of MAPS residents involved in the Family Practice Curriculum is high, they express concern on where they will practice and how they will use their family practice skills after completing the residency.

Recommendations for Improvement

B. What do the Russian or Ukrainian Partners see as the "Criteria for Success" for Their Partnership Project Activities? How Close are They to Attaining Them?

The Achievement Plan drafted for the April 1, 1995 to March 31, 1997, time period identified four outcomes anticipated with the partnership. The achievements in each outcome are reviewed.

Outcome One: Build a state-of-the-art family physician education center in St. Petersburg, Russia.

Opening during October 1996, the Center works in concert with the MAPS, Department of Family Practice, as a teaching-based clinical practice site. With a potential client base of 5000, the Center already serves as a valuable training site for new physicians enrolled in a Family Practice Residency and for established physicians enrolled in a refresher course leading to certification as a Family Practice Specialist.

Outcome Two: Development of effective business management techniques for use in training Russian physicians and in managing a medical practice successfully in the current Russian financing and economic climate.

A business management curriculum was prepared and pilot tested on the five trainees participating in the family practice traineeship at UI. Included within the curriculum are all the aspects of finance, personnel, and resources management needed for operating an independent or small group family practice clinic in Russia. In addition to the theoretical and practical presentations included in the business management curriculum, trainees completed a business plan for the Family Medicine Center in St. Petersburg. Now, this business plan serves as the model for business decisions made at the Center. Because Russia's financing and economic climate constantly changes, this business plan continuously needs to change also, but still it stands as a model of business management techniques needed to successfully manage a medical practice in Russia. All aspects of the curriculum have been translated into Russians.

Outcome Three: Enhancement of Russian physicians' teaching skills.

Partner staff at UI prepared a teaching skills curriculum that was pilot tested on the five Russian physicians participating in the family practice traineeship at UI. During the evaluation visit it is

was most apparent that these physicians are using the principles of teaching presented in the teaching skills curriculum.

This comprehensive program covering the essentials of teaching and learning has been translated into Russian.

Outcome Four: Enhancement of a needs-based Russian Family Practice Medicine Curriculum.

Beginning September 1996, two distinct curricula form the basis of the Family Practice Department at MAPS. First, a six month retraining program in family practice concepts and methods is given to established physicians. Second, a one or two year training program is given to new physicians enrolled in a Family Practice Residency. These curricula, created as a result of the partnership, were designed to best meet Russia's needs for family practice physicians.

C. (1)Describe the Technical Merit/Appropriateness of Training and Recommendations.

Training components of the partnership that are evaluated include the Family Practice Trainees/Training, Training Skills Curriculum/Teaching Skills Manual, Business Management Curriculum, and the Family Practice Medicine Curriculum.

Family Practice Trainees/Training

The partners collaboratively chose the five Russian physicians who participated in the family practice training at UI. Criteria for selection included the successful completion of tests on clinical, medical and English language skills and the commitment to practice family medicine. During the six month training program trainees studied in the areas of family medicine, business management, and teaching methodologies. In all, the trainees were involved in lectures, clinical rounds, mentor relationships, and a preceptorship "out in the community." UI strived to build the training on a firm foundation. To illustrate, trainees were involved in intensive orientation and English-language sessions, paired with mentors at the UI who closely matched their areas of expertise, and included in two separate clinical practice arrangements within Iowa.

Trainees' performance was continuously monitored, evaluated quantitatively and qualitatively, and followed by feedback to insure the training program objectives were being met. Pre and Post-test measurements also provided valuable information on the quality of the training program and trainees' learning. Overall, trainees were very satisfied with the professional and personal aspects of the traineeship. The traineeship program was comprehensive, including all the essential points needed to prepare faculty members in the area of family medicine.

Training Skills Curriculum/Teaching Skills Manual

A curriculum on teaching skills aimed to prepare the trainees for their future role as mentors and faculty in the Family Practice Department and as family practice physicians who incorporate

active patient education within their practice. Included in the curriculum were topics such as teaching psychomotor skills through demonstration and practice, lectures and presentations, lesson and program design and models of teaching one-to-one.

In addition to learning how to teach, trainees were also given opportunities to practice the teaching skills. For example, trainees selected topics for study during their six month training at UI. Near the end of the training, trainees presented lectures on the selected topics. During these and other presentations trainees were evaluated on their delivery and teaching styles. Very appropriately, UI combined the theory and practice of teaching. They also positively role modeled the essentials of course preparation and evaluation in the various curricula given the trainees. All course syllabi included objectives, class content, schedules, faculty and evaluation criteria.

During the evaluation visit, the evaluator observed two of the trainees teaching. One of the physicians taught a class on ear and eye examinations to physicians enrolled in a family practice retraining program. The physician very skillfully combined the lecture with demonstrations of the equipment and examination techniques. Student comments were very positive about the curriculum and quality of teaching. The second observation was made of a physician teaching a patient about her new diagnosis and treatment regime. The verbal explanation was accompanied by several written notes about the treatment regime including prescriptions. Of interest, was when the physician prescribed a combination of self-treatment regimes including new treatment modalities learned during the rotation at UI and traditional, natural modalities commonly used in Russia. It was good to see the blend of the cultures in the treatment regime.

Business Management Curriculum

The business management curriculum was designed only after (1) lengthy study about the Russian business and health care delivery environments and (2) consultation with Russian partners having expertise in Russian's health care delivery system. The curriculum was presented in training modules for the purpose of making trainees effective managers in the new Russian health care environment. Topics covered in the curriculum include: Entrepreneurial Management, Service Marketing, From Technical Expert to Manager, Financial Management, Accepting Principles, Human Resource Management, Computerization of Office Records, Office Administration Workshop, Time Management, Problem Solving, Principles of Strategic Planning, Principles of Teamwork, Organizational and Employment Options for Family Practitioners in the US, Communication and Conflict Management, Management of Change, and Computer Skills Needed in a Business Environment. Trainees also developed a draft business plan, job descriptions, working policies, finances, and organizational charts for the Center which now serves as a guide for decision-making at the Center.

It is appropriate trainees learned and participated in the business practices of individual or small family practice clinics in Iowa, because as faculty, they will be teaching the future family practice physicians who will be establishing individual or small family practice clinics throughout Russia. It is inappropriate to think the business curriculum and the related experiences would be enough training for these physicians to direct the Center because the Center's purposes are far different

than that of an individual or small group family practice clinic. While the Center provides family practice services to clients, it exists primarily as a practice site for family practice faculty and a training site for family practice students. Therefore, the administrative/business-related demands for the administrator of the Center vastly differ than those of an individual or small family practice clinic.

Family Practice Medicine Curriculum

Because the family practice curriculum was based on a needs assessment, it covers the essential content needed in such a curriculum, i.e., lab medicine, clinical decision making, geriatrics, community medicine, behavioral sciences, preventive medicine and family medicine. Throughout the curriculum development process, partners determined to create a family practice curriculum that was heavily grounded in the realities of Russian life and used teaching methods and resources readily accepted and available in Russia. Implemented September 1996, this ten month curriculum will be pilot tested with the thirty-two students entering the new Family Practice Department as residents. The Russian Physicians studying at UI will serve in the Center as faculty preceptors for interns and students from the MAPS Family Practice Department.

Only one recommendation is offered. An in-depth version of the business management curriculum should have been taught to a small group of individuals preparing to direct the Center. These individuals should have been given designated responsibilities, i.e., director, marketing, finance, personnel management, prior to participating in the training activities.

(2) Describe the Technical Merit/Appropriateness of Products and Recommendations.

Products of the partnership that are evaluated include the Nursing Procedure Manual, the Business Plan for the Family Medicine Center, and the Translated Documents.

Nursing Procedure Manual

This manual contains information about nursing procedures commonly performed in a family practice office. Translated into Russian, this manual serves as a valuable resource for the Center and it could fill a vital need for any clinic, hospital or nursing school in Russia that is concerned with nurse's technical skills.

Business Plan for Family Medicine Center

While the trainees were at UI, they were asked to collaborate with financial experts on the creation of a business plan for the Center. Upon completion, the business plan was critiqued and modified for the Russian business environment. It is very comprehensive covering areas such as finance, marketing, and sales. To illustrate, in the section on projecting Center expenses, major expenses such as salaries and small expenses such as scotch tape are included.

The business plan closely resembles a business plan needed to operate in the US, as it has all the essential points for the operation of a routine family medicine center. Doing business in Russia,

however, is not routine, even for one day, as changes occur in taxation protocols, assessment fees, government officials and their support, patients' ability to pay, insurance companies viability and/or delivery of funds, and the availability of government funds and payments, so even the best drafted business plan is not realistic for Russia. Wisely, UI partner staff included every conceivable aspect needed for a business plan. Already, Center staff have drafted an elaborate charging scheme for Center services and received approval from the Rector of MAPS and the Director General of the Medical Insurance Company, Asko-Med.

Now, UI needs to base a short-term (three to six months) management/financial expert in the Center to assist with modification and implementation of the business plan. To self-sustain, the Center needs to fit into the state insurance fund, to develop contractual arrangements with insurance companies, to attract self-pay patients, and to get a firm footing in the day to day operations of the Center.

Translated Documents

Numerous documents on a variety of topics have been translated into Russian by the UI Translation Center. A sampling of the documents reveals they include clinical materials, teaching methodologies, handbooks, meeting and conference materials, curricula, patient education materials, and letters. It was evident during the evaluation visit these documents are used in the day to day operation of the Center. The materials have the potential to serve as a valuable resource to physician educators and practitioners throughout Russia.

Only one recommendation is offered in this products section. UI should have an on-going evaluation of the effectiveness and changes needed within the business plan for the Family Medicine Center. If UI monitors, adapts and continues revising the business plan for the Family Medicine Center and bases these changes on Russian realities, the plan will be even more beneficial for the new wave of family physicians entering Russia's health care delivery system.

(3) Describe the Technical Merit/Appropriateness of Resource/Learning Centers and Recommendations.

In this section the technical merits and appropriateness of the Family Medicine Center are discussed.

The Center consists of two exam rooms, a laboratory, a patient waiting room, a drug room, a sterilization room, a minor procedures operating room, a reception room and a director's office. Equipment provided by the partnership grant gives the Center the state of the art equipment needed for a viable and active family practice training site. UI partner staff have deliberately educated Center staff on the use and upkeep of the equipment. Center staff pride themselves about their ability to run the equipment. Presently, no further office or exam equipment is needed. Due to the cost of using the diagnostic, laboratory equipment, it is only used when the physicians need immediate lab information, otherwise, the laboratory work is contracted out to a local St. Petersburg laboratory.

Supplies purchased in the US have supplemented the supplies needed for patient care at the Center. Center staff claim they now can purchase the needed supplies in St. Petersburg. This adds to the sustainability of the Center.

Every conceivable issue that could arise in an office setting have been addressed in the office procedure manual. Created during the traineeship at UI, the manual covers such topics as salary protocols, grievance procedures, employment policies, personal appearance and conduct, incident reports, sexual harassment, and smoking.

Center staff include the three Russian physicians who participated in the traineeship at UI (one of these physicians serves as the Center Director), maybe the two other physicians who participated in the traineeship at UI, one Family Practice Department faculty member, five nurses and three receptionists who have received some on-site training from UI's Nurse Expert, one lab technician and two drivers. Although the staff numbers seem high, the Center staff keep busy seeing 30-40 patients per day and continuing to facilitate Center start-up activities. Center staff claim the Center has the capacity to handle 70 patients per day without any change in staffing arrangements.

Receptionists and nurses are well versed in their respective roles and in a very professional manner they welcome and provide care to the Center's clients. With pride they discussed patient flow schemes, their policy manuals and the Nurse Procedure Manual. Each of them state they find their work at the Center to be very patient oriented and very professionally satisfying.

One of the patients interviewed, a retired physician, claims the Center provides a different kind of service than the typical city polyclinic. She said it is clean, its staff show a personal interest in the patients, and the equipment and diagnostic capabilities "should be better than the typical city polyclinic." The patient said she first learned about the Center from the newspaper because it is authorized by the city government as her district's polyclinic. She says she and her neighbors are closely watching the quality of care given by the Center, because if they do not like the care, they will go to a different clinic, even if it is outside their district.

Already, a very feeble marketing campaign has been initiated, i.e., drafting of a patient orientation letter, posting of a clinic notices in the city's bus system, and writing of articles about the Center and its services for the local newspapers.

Recommendations for the Center are reflected throughout this paper. The major recommendation, however, is the need for continued financial and technical assistance to the Center. Everything is in place, i.e., the facility, the primary players, the equipment, the patients are coming, the finances are coming, but now the Center must be stabilized and made self-sustaining. The following brief illustration depicts the Center's present situation: "The baby has just been born, now the baby needs the continuous, tender nurturing of its parents, those who have the most vested interest in the baby's success."

(4) Describe the Technical Merit/Appropriateness of Consulting Services and Recommendations.

Consultation visits between partners began April 1995 when the Principal and Co-Principal Investigators and the Associate Provost for International Programs at the University of Iowa visited leaders of the Russian partnership in St. Petersburg. The accomplishments of this meeting, i.e., discussion on partnership goals and activities, drafting of a joint Memorandum of Understanding for partnership activities, and the overall building of relationships, served (1) to bring this partnership through the initial startup difficulties and (2) to build a base for short and long-term activities between institutions and colleagues.

The consultation visits continued when just two months later, June 1995, the principal participants from the Russian partnership visited UI. While the meetings were designed to work on the partnership's specific activities, the Russian participants were also given the opportunity to develop collegueship with experts in their fields of interest, thus further cementing the institution's short and long-term relationships. As a result of this meeting, a second Memorandum of Understanding was drafted between partners further detailing roles and responsibilities.

Other consultation visits to Russia focused on a general orientation to family practice medicine, an orientation to the equipment purchased as a result of the partnership, and work on establishing the Center.

An additional consultation visit lasting three to six months should have occurred concurrently with the Center's opening. Such a visit would have stabilized the Center's initial activities and piloted the materials prepared for the Center.

All in all, the consultation visits have been research and assessment based. Undoubtedly, this is the chief reason the partnership has been able to successfully tackle and implement such a large project and to successfully create a basis for collegueship and understanding between the two countries.

One recommendation is offered in the area of consultation visits. An immediate consultation visit concentrating on Center administration and management should occur in the very near future.

D. What Additional Technical Assistance could the NIS Partners Use to Improve Their Work in General?

Clearly, much work has been accomplished during the partnership. Now, further assistance could better facilitate the work of the partnership and make it a sustainable model for Russia. Additional assistance falls in the following areas:

UI partners need to base a short-term (three to six months) expatriate management/business consultant on-site to assist Center administrators and faculty with the day to day operations and planning and activities needed to make the Center viable in the short and long term.

Additional financial assistance is needed after the grant period to assist the Center with its startup costs. It is very obvious the Center will be unable to sustain itself on the patient and lab fees generated by the Center. To illustrate, additional finances will be needed for day to day operations, a city-wide marketing campaign, and continuing education for staff.

The products developed during the partnership such as the Teaching Skills Curriculum, the Family Practice Curriculum, the Nursing Procedure Manual, the Business Management Model and Curriculum, need to be actively marketed and disseminated throughout Russia. Russian partners will need financial and technical assistance to plan and implement the marketing strategy.

E. What New Directions are a Natural Follow-on to the Partnership? Are There Others Working in the Sector That This Group Might Contact and/or Collaborate With?

Now, that the Family Practice Curriculum and Family Medicine Center are established, the opportunity exists to use these pilot projects as the basis for larger scale projects facilitating the family practice movement in Russia. Projects that are a natural follow-on to the partnership are described below.

The Ministry of Health in Russia has recently issued a declaration, the Federal Aimed Program for Family Medicine for 1997-2005, mandating the initiation of family practice medicine in Russia. The partnership products are very unique for Russia as they clearly demonstrate the efforts needed to produce a family practice arrangement. Once the Family Practice Curriculum and the Center have proven their sustainability and their ability to address Russia's health care needs, large scale dissemination activities must be initiated such as (1) a Russia-wide Conference on Family Medicine that is co-sponsored with the Russian Ministry of Health, (2) an invitational conference for payers of health care in Russia, i.e., Federal Fund, Territorial Fund, Insurance Companies, to appraise them of the implications of family medicine on health care costs and to collaborate with them on payment schemes which strengthen the financial status of family practice clinics, (3) a series of regional seminars on family medicine conducted in areas of Russia demonstrating an interest in the introduction of family practice medicine within the medical education system or the development of family practice clinics, (4) a large-scale effort to distribute family practice-related materials throughout the NIS, and (5) a public education campaign about family medicine conducted through television and the printed media in Russia.

On-going continuing education programs are needed for (1) faculty involved with the Family Practice Curriculum at MAPS and the teaching of students at the Center and (2) Center staff, especially for the family nursing staff. To accomplish this it is suggested that distance education conferencing methods be implemented between the US and Russia and then within Russia.

The Center needs to become the Family Medicine Resource Center for Russia. To accomplish this, the Center will need (1) a continuous infusion of current medical resources such as journals,

books, audio-visual and computerized programs on family medicine, (2) to develop a dissemination service for distributing family practice materials throughout Russia, (3) a staff well educated on the administration of a resource center, continuing education programs, computer technologies, and distance education programming, (4) a conference center with distance education capabilities to disseminate programs on family medicine throughout Russia, and (5) sophisticated electronic and communication capabilities to link Russia with the world's most current resources on family medicine.

The Business Management Curriculum should be introduced into one of the USAID sponsored health management programs in Russia as a base or a supplement for a Clinic Management or Hospital Management Program. Also, the Center could serve as a training facility for students of the Business Management Curriculum.

At least three other USAID funded health-related projects exist in St. Petersburg. Located at a Hospital, Number 122; Med Express Insurance Company; and a nursing school, the collaboration of these projects could facilitate the sustainability and visibility of them and their products related to family practice.

Future family practice activities in Russia would benefit from the development of professional practice standards in family medicine. Then, educational and practice programs in family medicine would have a logical base for startup and evaluation.

USAID should implement in Russia a small grants program for educational institutions, clinics, hospitals, and financial organizations wanting to expand the family medicine concept in Russia. Developed with the support of the Russian Ministry of Health essential elements of this program should include (1) strong Russian-wide coordination by an expatriate administrator who has a thorough knowledge of Russia's health care system and high level contacts in Russia's health care system and who could effectively move these projects to yield products relevant to the family practice movement in Russia, (2) on-going consultation with family practice experts from the US and Russia, (3) the assignment of a "buddy," an expert in family practice, to provide one-to-one assistance with each project, and (4) before, during and after evaluations of the program and its impact on the local health care delivery system, the health status of clients, clients' and providers' satisfaction, quality of care, etc.

F. Discuss the Partnership's Sustainability Plan. How Close are the Partners to Meeting These Goals?

A Sustainability Plan drafted April 1996, clearly indicates what activities are needed for the partnership project to remain a viable, long-term entity in Russia. Goals identified in the sustainability plan are underlined and the accomplishments toward goal achievement are evaluated.

MAPS will offer training courses in Family Practice Medicine and clinic management to local physicians and residents at MAPS using the knowledge and materials gathered through the UI's training program. Course could be expanded to include health informatics instruction.

In September 1996, MAPS began two training courses in Family Practice Medicine that are based on the partnership activities. First, a short-term course leading to a certificate in Family Practice Medicine has been designed for established physicians. Second, a long-term course comprising a residency in Family Practice Medicine has been designed for new physicians.

The five trainees will be incorporated into the MAPS faculty to teach Family Practice.

As indicated in previous sections of this report, three trainees are currently involved with the MAPS, Family Practice Department and the Center. The other two trainees, members of MAPS, General Medicine Department, express much dissatisfaction with the Family Practice Department and the Center. This general dissension was first noticed during the traineeship at UI and has only intensified since the trainees return to Russia. The Rector and MAPS Administrators from the Departments of General and Family Practice have conducted numerous meetings on this issue without it getting resolved. Prior to the evaluation visit the two dissenting trainees were mandated by the MAPS Administrators to work at the Center and their names were included on the Center's work schedule by Center staff, but the two trainees claimed to the evaluator they had not been told about this new practice arrangement. Thus, it is uncertain how many of the trainees will be incorporated in the MAPS, Family Practice Program or the Center.

The Center will generate income through its patient and clinical services.

The Center generates income through its patient and clinical services, however, for the short-term, this income will fall far below the amount needed for sustainability. To illustrate, two percent of the Center's revenue comes from the sale of pharmaceuticals. The City of St. Petersburg has designated the Center as the polyclinic for the 5000 residents living in close proximity to the Center. Still ongoing negotiations continue with health insurance companies and the city government to enhance the Center's revenue. Center staff realize they have a large potential audience in St. Petersburg with the "new Russian" and international communities, but they do not have the human or financial resources to implement a large-scale marketing campaign to attract these potential self-pay clients.

Dissemination of Family Practice Medicine Curriculum and Teaching Skills Handbook and Business Management handbook.

Thus far, the Family Practice Medicine Curriculum, the Teaching Skills Handbook and the Business Management Handbook have been primarily used only in-house. Budgetary constraints limit any small or large scale dissemination of these materials. The market for these materials is wide open because the Minister of Health has recently declared family practice medicine must be implemented in Russia.

The UI and MAPS will continue to correspond by e-mail and to explore future opportunities for collaboration.

The Russian partners express much interest in continuing collaborative activities. Presently, collaborative efforts focus primarily on the partnership goals. Communications between partners is on-going, facilitated by workable e-mail and fax connections.

A condensed version of the UI Family Practice Medicine Training Program may be offered to physicians from MAPS on an on-going basis.

Two family practice programs are operating within the Family Practice Department, a short-term certification program in family practice for established physicians and a one or two year residency in family practice for new physicians. Both of these programs began in September 1996. While a condensed version or continuing education series could be offered to physicians from MAPS on an on-going basis, this has been done only on a limited basis due to the newness of the program. The materials and expertise for such a program are definitely available at the Center.

Following successful completion of UI training, program one physician trainee from MAPS will be offered a formal residency at UI Family Practice Medicine Department.

It is very unclear what will happen in this area. Already, one of the trainees who has applied for this position and her father, an Administrator in the Russian partnership, express much concern that this aspect of the partnership will be unfulfilled. Clarity on this issue must be immediately forthcoming and expressed to the Russian partners. Before this opportunity is offered to a Russian physician, the partners must first establish the roles and responsibilities of the physician upon completion of the residency.

As a result of working together, the partners see potential for future collaboration in the areas of emergency medicine, environmental health, women's health and nursing.

On-going rotation of UI visiting residents at MAPS in Medicine, Nursing, PA and Dentistry.

While the interest of both partners is high in the areas of women's health, nursing education, and emergency medicine, no official collaborative projects or on-going rotations have emerged.

G. Other Comments.

Through the months of strenuous work the partners have become close colleagues and friends. It was very obvious the Russian partners want to continue the relationship after the grant period. Ongoing discussions and the active implementation of partnership projects makes a future partnership more of a reality, however, the critical factor continues to be financing. So much ground work and so many tangible products have resulted as a result of the partnership, it would be a great tragedy if additional funds were not allocated or secured to continue this beginning work. This program has vast potential in Russia.

Individuals Interviewed During the Evaluation Visit

Nikolai Belyakov, Rector, MAPS

Olga Kouznetsova, Dean, Head of New Family Medicine Department, MAPS

Igor Boshkov, Director, Family Medicine Center; Participant in UI Residency Program

Ekaterina Pletinskaya, Assistant Professor, General Medicine Department, MAPS; Participant in UI Residency Program

Ludmila Yaryomenko, Staff Physician, Family Medicine Center; Participant in UI Residency Program

Elena Chertkova, Staff Physician, Family Medicine Center; Participant in UI Residency Program

Andrew Lobuznov, Assistant Professor, General Medicine Department, MAPS; Participant in UI Residency Program

Alexander Scherbo, First Vice-Rector, MAPS; Chief, Russian partnership

Yury Gubachev, Coordinator, Russian partnership

Envyer Useinov, Assistant Professor, Medical Informatics Department, MAPS; Computer Specialist, Partnership Program

Vladimir Pletinsky, Executive Director, Russian Partnership

Igor Akulin, Head of Primary Care Department, Mayorate of St. Petersburg, Public Health Committee

Class of Physicians Working on certificate in Family Practice Medicine

Natasha Guriena, First Year Resident in Family Practice Medicine, MAPS

Patient of the Family Medicine Center

Receptionist and Nursing Staff of Family Medicine Center

Lena Morozova, Correspondent with the St. Petersburg Gazette